

My Career Development Plan

Name:	DOB:	Age:	SASID:
Current School:	Current Grade level:	Meeting Date:	My anticipated exit date:
My Career Goal:			
Benefits Counseling	<input type="checkbox"/> Provided Family w/Benefits Planning Information		

My Career Development Team: (Persons assisting me with the development of this plan)

Name _____	Title _____ Student
Name _____	Title _____ Parent/Guardian
Name _____	Title _____ Transition Specialist/ Special Educator
Name _____	Title _____ Transition Specialist
Name _____	Title _____ ORS
Name _____	Title _____ BHDDH Representative
Name _____	Title _____ Other

My Transition Assessments (Include Vocational Assessment & Person Centered Planning):

Method/Tool:	Date(s):

My Interests & Preferences	
My Expressed Area of Interest	
My Job Preferences	
Recommendations from my Career Development team	

Community Support Services			
ORS Introduction Date:	BHDDH Introduction date:	SSI (Supplemental Security Income)	SSDI (Social Security Disability Insurance)
ORS REFERRAL Date:	*BHDDH Application Date:	___ Yes ___ No Date:	___ Yes ___ No Date:

*<http://www.bhddh.ri.gov/developmentaldisabilities/index.php>

I will Transition to...POST SCHOOL GOALS			
Work Full-time ___ Yes ___ No	Work Part-time ___ Yes ___ No	Post-Secondary Education ___ Yes ___ No	Apprenticeship ___ Yes ___ No
Other ___ Yes ___ No (describe)		Supported Employment ___ Yes ___ No	Short-term training ___ Yes ___ No
		Customized Employment: ___ Yes ___ No	

My School Based Preparatory Experiences (Check)			
Social Skills Training		Self-Advocacy/ Self-Determination	
Career Exploration		Conflict Resolution	
Soft Skill Development		Peer & Adult Mentorship	
Job Skill Development		Daily Living Skills	
Youth Development & Leadership		Assistive Technology	
Post School Educational & Community Services		Other:	

My Vocational & Related Services			
Transition Fair		Integrated Work based Learning Experience	
Career Days		Job Shadow	
Internships		Business Tour	
Part-time Employment		Summer Employment	
Volunteering		Work-study	
Service Learning		Informational Interviews	

Integrated Trial Work Experiences					
*Type	Location	Anticipated dates	Person Responsible	Completed	Total Days

***Community Based Vocational Experience= CBVE; Situational Assessment in the Community= SAC; Summer Work Experience= SWE;**

Trial Work Experience =TWE is the opportunity to work in a real job in an integrated employment setting alongside non-disabled co-workers, customers, and/or peers, with the appropriate services and supports for a sufficient period of time to establish whether an individual’s interests, skills and abilities are well-suited for the particular job, but for no shorter than 60 days. The trial work experience shall be selected through a person centered planning process and shall be individually tailored to each person.

Information below is based upon results of My Assessments, Person Centered Planning, School Based Preparatory Experiences, Vocational & Related Services, and Integrated Trial Work Experiences:

<p>My Employment Strengths</p>			
<p>My Employment Barriers</p>			
<p>Services & Supports Needed to Attain Career Goal</p>		<p>Persons Responsible</p>	

My Accommodations Needed (Including Assistive Technology):

<p>Person/Agency Responsible:</p>

Transportation:			
How will I get to and From Work? (Check all that apply)			
RIPTA		Family	
Paratransit (RIDE)		Friends/co-worker	
Agency		Walk	
Driver's License/Car		Other (describe)	
Type of Support Needed: (Check what applies)			
	Need	Person or Agency Responsible	
Independent			
Needs Training: (i.e. Travel & pedestrian safety, reading bus schedule)			
Needs Assistance to Access			
No Access to Transportation			